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Unemployment and patterns of consultation with the general practitioner

P Yuen, R Balarajan

Abstract

The relation between unemployment and consultations with the general practitioner was investigated among 13 275 economically active men aged 18-64 by using the British general household surveys. Men who were unemployed but seeking work consulted with doctors significantly more (odds ratio 1.83; 95% confidence interval 1.61 to 2.09) than those in employment, the highest consultation rate being among those who had been out of work for five years or more (odds ratio 2.12; 95% confidence interval 1.12 to 3.78). The high consultation rates persisted even after adjustment for self reported longstanding illness (odds ratio 1.53; 95% confidence interval 1.34 to 1.76).

These findings suggest that in areas with high unemployment general practitioner workload is likely to be high.

Introduction

Unemployment in Britain rose rapidly in the early 1980s, a fivefold increase having occurred over 12 years.¹ This increase focused a great deal of interest on the health of the unemployed. In England and Wales excess mortality among unemployed men seeking work has been shown by using data from the Office of Population Censuses and Surveys' longitudinal study, the excess mortality persisting even when socio-economic factors such as social class and housing tenure were taken into account.^{2,3} A follow up study in Denmark also disclosed significantly higher death rates among the unemployed.⁴ Nevertheless, little published research has been made available on the levels

and patterns of morbidity among those out of work. Small scale observational studies have reported high levels of stress and mental disorders in those unemployed and those under threat of becoming unemployed.^{5,6} Most of these studies were not representative, being either too small or localised, with the exception of the recent Canada health survey.⁷ In that study substantial differences in health between the employed and unemployed were found, people out of work having significantly higher levels of psychological stress and ill health.

We have analysed data from the British general household surveys to investigate the health of the unemployed as it relates to consultation with a general practitioner.

Subjects and methods

The general household survey is a yearly sample survey conducted by the Office of Population Censuses and Surveys, providing information on a wide range of topics such as employment, health, housing, and education in some 30 000 people from 12 000 private households. The 1983 and 1984 surveys^{8,9} were combined and used in this analysis to increase the sample size. We defined as unemployed people who were not working but were seeking work or waiting to take up a job and included in our study only economically active men aged 18 to 64. Full time students and those who were permanently sick and unable to work were excluded. Duration of unemployment was further examined in five categories (table I).

To allow for possible confounding we also obtained information on age, housing tenure, occupation (most

Epidemiology and Public Health Research Unit, University of Surrey, Guildford, Surrey GU2 5XH
P Yuen, MSc, research fellow
R Balarajan, FFCM, director

Correspondence to:
Dr Balarajan.

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recent job for those seeking work), and geographical regions (table I). Standard regions of Britain were aggregated into five broad regions based on the distribution of unemployment.

Consultation with a general practitioner was defined as contact up to 14 days before the interview. This included speaking to the doctor on the telephone as well as the doctor seeing the patient at home or in the surgery for medical reasons.

Multiple logistic regression was used to model the probability of consultation with respect to employment state, allowing for age, socioeconomic group, housing tenure, and geographical region.¹⁰ The general household survey also collects information on self reported morbidity, covering longstanding illness or infirmity or disability that affects daily activity. Thirty per cent of the total study sample was reportedly suffering from longstanding illness. Though we excluded from our study men who were unable to take up employment because of illness and those who were permanently sick, we also controlled for the presence of longstanding illness by repeating the modelling by including it as one of the explanatory variables. The statistical package generalised linear interactive modelling (GLIM) was used for the analysis.¹¹ A simultaneous testing procedure was used to scan for possible interactions that should be included in the model.¹² Preliminary modelling showed no significant interactions among the explanatory variables for consultation with a general practitioner. Maximum likelihood estimates of the odds ratios and their standard errors for employment state were therefore derived from the main effects models and were adjusted for age, socioeconomic group, housing tenure, and region of residence. Approximate 95% confidence intervals were then calculated.

Results

The study comprised 13 275 men aged 18-64 who were economically active. Table II shows their distribution of employment state by age, socioeconomic group, housing tenure, and region of residence. Altogether 1592 (12%) of the men had been seeking work in the week before the interview. Twenty one per cent (477/2251) of men aged 18-24 were out of work compared with 8% (254/3253) of those aged 35-44. Among the socioeconomic groups semiskilled and unskilled manual workers accounted for the highest proportions out of work (20% (420/2083) and 34% (194/579) respectively). Twenty six per cent of men living in council properties (837/3271) were unemployed compared with only 6% (559/8741) in the owner occupier group. A geographical variation in unemployment was also evident. The south east and London had lower levels of unemployment (7% (294/

TABLE I—Grouping of explanatory variables as used in statistical models

Explanatory variable	Explanatory variable
Duration of unemployment:	Age (years):
(1) Employed	(1) 18-24
(2) Unemployed less than 3 months	(2) 25-34
(3) Unemployed for 3 months or more but less than 1 year	(3) 35-44
(4) Unemployed for 1 year or more but less than 2 years	(4) 45-54
(5) Unemployed for 2 years or more but less than 5 years	(5) 55-64
(6) Unemployed for 5 years or more	Housing tenure:
	(1) Owner occupier
	(2) Council tenant
	(3) Private tenant
Socioeconomic group:	Region of residence:
(1) Professional/managers/employers	(1) South east (excluding London)
(2) Intermediate junior non-manual	(2) Central
(3) Skilled manual	(3) North
(4) Semiskilled manual	(4) London
(5) Unskilled manual	(5) Scotland

TABLE II—Distribution of employment state stratified by age, socioeconomic group, housing tenure, and region of residence among men aged 18-64. (General household surveys 1983, 1984.) Figures are numbers (percentages) of men

	Employed	Unemployed	Total
Age (years):			
18-24	1 774 (79)	477 (21)	2 251 (100)
25-34	2 883 (88)	386 (12)	3 269 (100)
35-44	2 999 (92)	254 (8)	3 253 (100)
45-54	2 325 (91)	218 (9)	2 543 (100)
55-64	1 702 (87)	257 (13)	1 959 (100)
Total	11 683 (88)	1 592 (12)	13 275 (100)
Socioeconomic group:			
Professional/managers/employers	2 936 (97)	105 (3)	3 041 (100)
Intermediate junior non-manual	2 033 (94)	140 (6)	2 173 (100)
Skilled manual	4 555 (88)	614 (12)	5 169 (100)
Semiskilled manual	1 663 (80)	420 (20)	2 083 (100)
Unskilled manual	385 (66)	194 (34)	579 (100)
Total	11 572 (89)	1 473 (11)	13 045 (100)*
Housing tenure:			
Owner occupier	8 182 (94)	559 (6)	8 741 (100)
Council tenant	2 434 (74)	837 (26)	3 271 (100)
Private tenant	993 (85)	180 (15)	1 173 (100)
Total	11 609 (88)	1 576 (12)	13 185 (100)*
Region of residence:			
South east (excluding London)	3 786 (93)	294 (7)	4 080 (100)
Central	2 969 (86)	476 (14)	3 445 (100)
North	2 484 (85)	455 (15)	2 939 (100)
London	1 356 (89)	173 (11)	1 529 (100)
Scotland	1 088 (85)	194 (15)	1 282 (100)
Total	11 683 (88)	1 592 (12)	13 275 (100)

*Data missing in some cases.

TABLE III—Distribution of duration of unemployment stratified by age among economically active men aged 18-64. Figures are numbers (percentages) of men

Age (years)	Duration of unemployment (years)			Total
	<1	1-	≥2	
18-24	258 (54)	119 (25)	100 (21)	477 (100)
25-34	170 (44)	89 (23)	127 (33)	386 (100)
35-44	97 (38)	53 (21)	104 (41)	254 (100)
45-54	85 (39)	37 (17)	96 (44)	218 (100)
55-64	100 (39)	44 (17)	113 (44)	257 (100)
Total	710 (45)	342 (21)	540 (34)	1592 (100)

TABLE IV—Adjusted odds ratios for consultation with a general practitioner among men aged 18-64

Employment state	Odds ratio*	95% Confidence interval
Employed	1.00	—
Unemployed	1.83	1.61 to 2.09

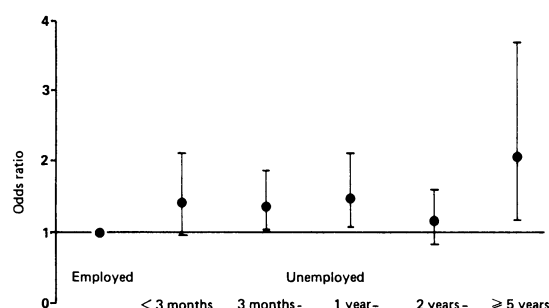
*Odds ratios adjusted for age, socioeconomic group, housing tenure, and region of residence.

4080) and 11% (173/1529) respectively) than the rest of Britain, the highest level being in the North (15.5% (455/2939)).

Table III shows the duration of unemployment stratified by age. Over half of those who were unemployed had been out of work for more than a year, and 34% (540/1592) had been unemployed for more than two years. As expected, short term unemployment was found mainly among the younger age groups, whereas long term unemployment affected mainly the older age groups. Among men aged 45-64 who were out of work, 44% (209/475) had been seeking work for more than two years.

After adjustment for age, housing tenure, socioeconomic group, and region of residence men who were unemployed but seeking work had a significantly higher odds ratio than those in employment for consultation with a general practitioner (odds ratio 1.83; 95% confidence interval 1.61 to 2.09) (table IV).

The effect of length of unemployment on the patterns of consultation with a doctor was investigated by categorising the duration into five groups (figure). No significant gradient was detected, though men who had been out of work for five years or more had a substantially higher odds ratio than other men for consultation (odds ratio 2.12; 95% confidence interval 1.12 to 3.78).



Adjusted odds ratios (points) and 95% confidence intervals (bars) for consultation with a general practitioner among men aged 18-64 stratified by duration of unemployment. (Odds ratios adjusted for age, housing tenure, socioeconomic group, and region)

When the presence of longstanding illness was included as an explanatory variable in the model the adjusted odds ratio remained significantly high among those unemployed, though to a lesser extent (odds ratio 1.53; 95% confidence interval 1.34 to 1.76) (table V).

TABLE V—Adjusted odds ratios for consultation with a general practitioner among men aged 18-64 including longstanding illness as explanatory variable

	Odds ratio*	95% Confidence interval
Employment state:		
Employed	1.00	—
Unemployed	1.53	1.34 to 1.76
Longstanding illness:		
No	1.00	—
Yes	2.91	2.59 to 3.27

*Odds ratios adjusted for age, socioeconomic group, housing tenure, and region of residence.

Men who reported longstanding illness and had been out of work had an odds ratio of 4.5 after adjustment for age, area of residence, housing tenure, and socioeconomic group.

Discussion

The general household survey, though not specially designed to investigate issues relating to unemployment, provided relevant information on employment state, health, and other sociodemographic characteristics of a representative sample of men living in private households in Great Britain. This enabled us to link unemployment state and sociodemographic variables to health outcome at the primary care level. The general household survey, however, did not cover people in institutions and in other residential accommodation. The level of unemployment (12%) among the economically active men from the 1983 and 1984 surveys was representative of the level of unemployment in Britain. This contrasts with the 4% recorded as unemployed in the Office of Population Censuses and Surveys' longitudinal study^{2,3} and the 1% recorded as unemployed in the Danish longitudinal study.⁴

Patterns of consultation with the general practi-

tioner are also associated with people's socioeconomic and demographic characteristics,¹³⁻¹⁵ so necessitating the inclusion of such confounding variables in the examination of the health of the unemployed. We have shown a strong association between consultation with the general practitioner and unemployment independent of such factors.

Studying the health of the unemployed based on a cross sectional survey such as the general household survey does not provide the opportunity to investigate the causal pathway—that is, whether unemployment causes a deterioration in health or whether unemployment is a sequel to poor health. Though we excluded men who were permanently sick and included only those actually seeking work, possibly some whose unemployment was a consequence of ill health were included. Unemployed men, however, consulted their general practitioner significantly more than those in employment (odds ratio 1.53) even after adjustment for self reported long standing illness. Though duration of unemployment did not show an obvious gradient in consultation, men who had been out of work for five years or more had a substantially higher adjusted odds ratio (2.12).

Our results, which correspond with other local studies in Britain⁵ and the findings of the Canada health survey,⁷ are further evidence of the association between unemployment and the uptake of primary care. In areas where rates of unemployment are high the workload of general practitioners is likely to be higher and the nature of the clinical presentations may be such that they require more than the average consultation time. These consultations are likely to require more counselling in matters for which some general practitioners may find themselves less equipped. Managing the health of the unemployed may be difficult for the profession given that prevention is not in the hands of the practitioners themselves but more in the sociopolitical arena.

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